



## 85. Digital communication and social media

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### Background

The Digital Revolution brought with it the most expansive freeway of knowledge – the Internet – which gave birth to the most accessible physician ever – Dr. Google.

With the click of a button, we gain access to tens of thousands of websites offering medical consultation and professional medical information. These websites are made available to billions of users every day, including physicians, medical students, patients and the general public.

The development and expansion of social media networks such as Facebook, Twitter, blogs, forums and dedicated medical websites have enabled patients to consult with thousands of users with similar medical issues and hardships. These platforms create support groups and safety nets that provide patients with emotional support, inform them about similar cases and their available treatment options and, of course, facilitate learning from others' experience.

Such websites and forums also help develop and promote collegial discourse between physicians who seek advice, share ideas, and challenge each other. This leads to a substantial improvement in the medical care provided to patients.

This new reality brought on a new model of care – “collaborative healthcare” – a model that encourages patients and caregivers to be active partners throughout the course of medical treatment, promotes the provision of quality personalized healthcare utilizing the vast amount of available information and makes physicians more accessible to assist patients. However, the availability of medical information has created a complex reality – information that was once exclusive to physicians is now public knowledge. Patients arrive for physician appointments or treatment prepared and informed regarding both their medical issue and their treatment options. The visibility and accessibility of both physicians and patients in social networks can blur the boundaries of physician-patient relationships. As a result, physicians often encounter patients who question their professional authority and even consider their recommendations a “second opinion.”

These issues, which are surfacing due to the expansion of the digital revolution, have an immense impact on patients' trust in their physicians and in the field of medicine in general. The Israeli Medical Association – like other medical associations in many modern countries, including the U.S., Canada, Australia and New Zealand – considers it important to formulate medical ethics rules for digital communication and social media. These rules will guide physicians through the many dilemmas they face during their routine, professional and social use of the Internet and digital platforms, with their patients and in general.



## Definitions

“Caregiver” or “physician” – as defined by the Patient’s Rights Law, 1996.

“Digital communication” – any use of advanced technological platforms including websites, forums, blogs, email and text messages, while connected or disconnected from the Internet.

“Social media” – websites based around sharing social information online, including Facebook and Twitter.

“Online platforms” – any of the methods of digital communication or social media mentioned above.

“Advertisement” – including promotional ads, for a certified Israeli physician’s practice of medicine or for a medical practice in Israel, which target, according to their format, content or form of advertisement, an Israeli audience and are viewed by them, even if distributed abroad.

## Use of social media – in general

1. Physicians should maintain a separation and clear boundaries between their professional and personal identities when using social media.
2. Physicians should exercise discretion regarding the personal information they post on digital communication platforms and on social media, and should behave in a manner that dignifies the medical profession.
3. Physicians should avoid posting personal remarks or criticism regarding patients on any online platforms and should not upload personal or offensive content regarding previous or current patients, even if it does not violate the patient’s medical confidentiality.
4. Physicians should avoid forming personal, social and unprofessional relationships with their patients, including sending or accepting “friend requests” on social media.
5. Physicians should regularly monitor and review the information about them that is visible to patients and should make sure that it is reliable information that dignifies the physician and the medical profession.
6. Physicians should not use online platforms to search for information regarding the personal behavior of their patients, including searches meant to monitor their medical condition or motivated by concern for their health.
7. Physicians who become exposed to medical information about a patient online should practice caution and exercise professional discretion regarding disclosing that information to the patient. In these cases, physicians should consider the patient’s well-being and the effect the disclosure will have on the patient-physician relationship of trust.



**“Physicians involved in online collegial discourse should refrain from mentioning any identifying information about their patients and should practice careful discretion regarding the content posted on social media, taking extra care to maintain patients' privacy and medical confidentiality.”**

A physician employed in a hospital posted short stories to her Facebook page regarding patients she had treated in the hospital, and asked for the professional opinions of colleagues who were her Facebook “friends.” The physician detailed the diagnosis and other intimate information regarding her patients. Although the physician did not mention their names, the details she cited were enough to reveal the identity of the patients. This violates the medical confidentiality expected of physicians.

### **Caregiver–patient relationships – providing medical information and consultation to patients via the Internet:**

1. Physicians should practice caution, exercise discretion and maintain their patients’ medical confidentiality and privacy when utilizing digital communication platforms or social media to provide medical treatment or to increase their availability and accessibility to patients.
2. Physicians should not offer personal treatment or medical consultation through digital communication platforms or social media if no prior physician-patient relationship has been established and without receiving explicit, documented consent from the consulting patient.
3. Physicians and medical institutions should include in patients’ medical files a consent form confirming the patient’s awareness of the risks of receiving treatment via online platforms.
4. When providing medical consultation, physicians should practice careful discretion regarding the type of consultation requested and their ability to provide a suitable response through online platforms.
5. Physicians should avoid providing medical treatment through digital communication platforms or social media in all cases that require a physical examination or an unmediated observation of the patient’s physical or mental state.
6. Physicians involved in providing medical information or consultation to a person who is not under their care, should make sure to provide only general advice and discourage the patient from considering their conversation an alternative to a professional appointment.



7. Professional patient-related material transferred via online platforms should be documented in the patient's medical record just like any other medical information.
8. Medical consultation and information provided and transferred via digital communication platforms and social media are subject to the rules of medical ethics and the law.

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A gynecologist posted on Facebook regarding one of her patients: “My patient is constantly late for her appointments ... As a response, I’m considering delivering her baby a few hours late.” One of the physician’s Facebook followers took a screenshot of the post and posted it to a Facebook group for women planning to give birth in the hospital where the physician was employed. The post stirred harsh criticism of the gynecologist and the hospital: Patients demanded, through a post to the hospital’s Facebook page, that the hospital sanction the physician, claiming that her post represented unprofessional behavior and exposed information that violated physician-patient confidentiality.

## Collegial discourse online

1. Physicians should uphold their patients’ dignity and privacy when sharing information, skills, new treatments and research results with their colleagues online.
2. Physicians involved in online collegial discourse should refrain from mentioning any identifying information about their patients and should practice careful discretion regarding the content posted on social media, taking extra care to maintain the patient’s privacy and medical confidentiality.
3. Physicians should use respectful and collegial rhetoric with their colleagues during any professional discussion online and should be concise, modest and restrained when expressing their opinion regarding the medical treatment provided by a colleague, while basing their arguments on the recognized medical information at the time of treatment.
4. Physicians should make sure the medical information they post online is supported by professional literature and research and is not promoted by financial or commercial interests.
5. Physicians interested in acting based on medical information found online should



make sure the information is firmly grounded in medical literature and appropriate research prior to applying it to their patients.

6. Physicians should clearly and plainly state whether the information they post is based on medical research, professional experience or personal opinion.
7. Physicians who identify a colleague's ethically or professionally inappropriate behavior should notify that colleague.
8. Physicians who identify a colleague's inappropriate ethical or professional behavior, which persists even after being alerted to it, should notify that colleague's superior, the authorities or any other authorized party, at their discretion. Furthermore, physicians who encounter information online that may violate the medical confidentiality or privacy of a patient should take appropriate action to protect the patient and/or the information.

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A certain medical journal often conducts interviews with physicians from different areas around the country in order to write short articles illustrating a “profile” of sorts. The journal also maintains a Facebook page posting links to articles and papers in order to encourage discussion on the page. One such interview posted to the Facebook page provoked a response by a colleague of the interviewed physician, claiming that the physician is unprofessional and careless and that many times he had to “undo the damage” caused by the physician, who according to him selects outdated and archaic treatment options. Such a comment is inappropriate and offensive.

## **Full disclosure**

1. Physicians should maintain complete transparency and should disclose any personal, financial, professional or other conflict of interest that may be relevant to providing medical consultation, information or treatment online.

## **Online privacy and data security**

1. Physicians should safeguard all digital medical information they have regarding their patients and save it in an orderly way.



2. Physicians should use privacy settings that ensure the protection of the personal information and content they post online, and they should limit access to their personal information.
3. Physicians should provide medical consultation or transfer medical information online only via platforms that are protected by a digital security system suitable for the sensitivity of medical information.
4. Physicians should be aware of the legal requirements regarding protection of privacy and abide by them.

**“Physicians should not use online platforms to search for information regarding the personal behavior of their patients, including searches meant to monitor their medical condition or motivated by concern for their health.”**

A physician with a private clinic “followed” his patients on the social network Instagram. He had good intentions and only wished to remain in contact with his patients, but as time went on, he began to witness his patients’ “bad habits,” sometimes going against his advice. In one instance, the physician encountered a picture of an asthma patient smoking a cigarette at a club. The physician took the liberty of chastising the patient for his behavior, emphasizing the consequences of smoking for asthma patients. The patient was surprised that his physician was aware of details that he had never shared with him.

### **Advertising and ads:**

1. Physicians should adhere to the ethical rules regarding advertising when using the Internet.
2. Physicians are accountable for any advertisement posted on their behalf on the Internet and social media.
3. According to the Physicians’ Regulations (Forbidden Advertisement), 2008, physicians should not advertise online:
  - a. on websites containing violent, pornographic or other illegal content or on websites that target minors;
  - b. through “pop up” ads, including via links to other websites, banners, etc.;
  - c. in violation of section 30A of the Communications Law (Telecom and Broadcasts), 1982; (the “anti-SPAM law”).



**“Physicians should avoid providing medical treatment through digital communication platforms or social media in all cases that require a physical examination or an unmediated observation of the patient’s physical or mental state.”**

An online platform where users can ask questions on medical topics employs physicians to provide general medical information. In one such case, a user posted a question asking which product he could use to treat a bothersome medical problem. Several hours later, a physician employed by the platform replied with a recommendation for a specific product, while emphasizing the product’s advantages over similar products on the market. Following this advice, the patient purchased the product in a pharmacy. However, the patient later found out that the product contained an ingredient he was allergic to; and instead of helping his condition, the product made it worse.

4. Physicians may advertise their name, degree, medical training (including recognized specialties), fields of practice, positions, place of employment, clinic hours and contact information.
5. Physicians should ensure that the information they post online and/or on social media is correct and verifiable; they should avoid advertising false or partial information that misleads the public, and should not post advertising information disguised as objective.
6. When advertising online, physicians should not state the advantages of a certain medical treatment without mentioning its risks and drawbacks.
7. Physicians should avoid advertising the success rate of their treatments or guaranteeing the expected results or a cure. Physicians should avoid advertisements praising their skills, knowledge or expertise.
8. Physicians should avoid any online advertising that may harm patients.
9. Physicians should not use online advertisement to encourage the use of medical treatments that are inconsistent with medical directives.
10. Physicians should not induce people to seek medical treatment by stirring fear or anxiety.
11. Physicians should not depict a person’s private parts for advertising purposes.
12. Physicians should not make any use of patients for advertisement, even with their consent, including their name, picture, voice, and body parts.
13. Physicians should avoid advertising in a way that disrespects the medical profession.



14. Physicians should not feature celebrities or public figures in advertisements, whether they are patients or physicians. For this matter, exploiting friendships between physicians and celebrities for advertising on social media will be seen as forbidden advertising.
15. Physicians should refrain from advertising the prices of medical treatments and from advertising discounts, sales or any other financial benefit in exchange for receiving medical treatment.
16. Physicians should avoid advertising or participating in advertisements for commercial products, whether medical or not. In this context, advertising via social media is regarded as forbidden advertising.
17. Physicians may participate in advertisements intended to promote public health, as long as the advertisement is founded upon scientific information and no commercial names of certain products or technologies are used.
18. Physicians should avoid making advertisements praising or encouraging patients to choose private healthcare over public healthcare.
19. Physicians should avoid making advertisements that emphasize the exclusivity or uniqueness of a certain technique or treatment option.

**“Physicians should exercise discretion regarding the personal information they post on digital communication platforms and on social media and should behave in a manner that respects the medical profession.”**

A woman in her twenties was hospitalized following an alcohol overdose and lost consciousness for half a day.

A physician who knew the patient beforehand and was working in the hospital that day went into her room and took a picture of her restrained to the bed and in a fragile mental state.

It later turned out that the physician posted these pictures to his blog, along with his personal interpretation of her condition. In doing so, he exposed himself and the hospital to a lawsuit regarding a violation of privacy and the patient’s right to medical confidentiality.





## **Examples of violations of the medical ethics rules for using social media**

### **Cases from abroad:**

#### **Four nursing students were expelled from college after posting a picture of themselves with a human placenta on Facebook:**

Four students who attended a lab course in a medical center in Kansas wanted to share the “experience” with their friends via Facebook. The students asked the instructor for permission to pose for a picture with the placenta and mentioned their intention to post the photo on the social network. According to the students, the instructor did not tell them not to take the picture or that it wasn’t allowed, so they continued to pose with the placenta. The picture was posted on the social network for three hours before they were asked (by the college) to take it down.

The director of nursing at the college responded to the incident by saying: “[The student’s] demeanor and lack of professional behavior surrounding this event was considered a disruption to the learning environment.” After this serious incident, the students were expelled.

January 3, 2011 [dailymail.co.uk](http://dailymail.co.uk)

#### **A hospital nurse posted a revealing picture on Facebook – the hospital took disciplinary measures:**

A nurse working at a hospital in Northampton, England posted a picture on a social network depicting her raising her shirt and exposing her breasts to a colleague from the hospital. The picture, which was taken inside the hospital where they worked, clearly showed one of the hospital’s patients in the background.

The hospital’s administration decided to take disciplinary measures against the nurse. The administration further decided to ban the hospital staff from using social networks while in the hospital and blocked access to these sites from hospital computers.

October 2, 2008 [metro.co.uk](http://metro.co.uk)

#### **A nurse posted an inappropriate post on Facebook – reprimanding paramedics who were doing their job – and was suspended:**

In 2009, an 88-year-old man entered the Holocaust Museum in Washington, DC and opened fire. The motive for the shooting was, apparently, racist.

A nurse working at a New Jersey hospital posted the following on Facebook:

An 88 yr old sociopath white supremacist opened fire in the Wash D.C. Holocaust



Museum this morning and killed an innocent guard... Other guards opened fire. The 88 yr old was shot. He survived. I blame the DC paramedics. I want to say 2 things to the DC medics. 1. WHAT WERE YOU THINKING? and 2. This was your opportunity to really make a difference!... And to the other guards .... go to target practice.

One of the hospital employees, who was also a Facebook “friend” with the nurse, took a screenshot of the post and sent it to the hospital administration.

The administration determined that the nurse’s post represents conduct unbecoming medical staff working in a hospital and decided to conduct a disciplinary process. At the end of the process, the administration decided to fire the nurse.

Ehling v. Monmouth-Ocean Hosp. Serv. Corp.,  
No. 2:11-cv-03305 (WJM) (D.N.J May 30, 2012)

### **A medical malpractice lawsuit was decided based on the defendant’s medical blog:**

A pediatrician was sued shortly after failing to diagnose his patient with diabetes, leading to the patient’s death weeks later. The patient’s family decided to sue the physician, who they claimed had performed the examination negligently and had failed to diagnose the illness in time.

At the same time, the physician had been writing an anonymous medical blog, often describing cases that were under his care. The physician also wrote in the blog extensively about the ongoing lawsuit, while describing his emotions and mainly criticizing the legal procedure, the jury, the attorneys, etc.

In one post, the physician described a meeting he had held with an “expert” who prepared him before his first testimony before the jury and explained that juries usually make decisions in medical malpractice lawsuits based on their impression of the physician’s character. He went on to describe advice he received from that “expert” about how to curry favor with the judges. As it turned out, these blog entries were detrimental to the physician: Near the end of the defendant’s testimony, the prosecutor asked the physician if he wrote a medical blog and if he was “FLEA” (the pseudonym used for his blog). The physician had no choice but to admit that he was indeed the one behind the blog, which presented the image of an arrogant and snide physician. Once the physician understood, based on the advice he received from his attorneys, that his chances of winning the case were very slim – he agreed to pay a settlement.

May 31, 2007 [www.boston.com](http://www.boston.com)

### **Hospital staff were suspended after participating in the Facebook “lying down” picture game during a night shift:**

An entire medical team was suspended after its members passed the time during their night shift by playing a social Facebook game. The team, which included seven physicians



and nurses, played a game in which they took pictures of each other lying face down on different objects. The staff also took pictures inside hospital rooms while using medical equipment belonging to the hospital.

After finding out, the administration decided that even though the Internet game had not harmed hospital patients in any way, the staff's conduct was inappropriate and therefore they would be subject to an internal disciplinary process.

September 9, 2009 [theguardian.com](http://theguardian.com)